



Cannabis License Registration Packet

City of Rio Rancho – Office of the City Clerk
3200 Civic Center Circle NE, Suite 150, Rio Rancho, NM 87144
Phone: (505) 891-5004 • Fax: (505) 994-2557 • Email: clerk@rrnm.gov

Pursuant to 122.03 R.O. 2003 anyone wishing to do business within the city shall obtain all necessary approvals and permits from the city as set forth in this chapter, prior to any business being conducted.

Checklist must be completed to obtain a Cannabis License. Our office is available to answer questions or provide additional information, so please contact us via phone, email or in-person.

- Complete a City of Rio Rancho Business License application for each location of sale.
- Provide a copy of Zoning Approval (Application address should be approved **before** going further, if this has not already been obtained.)
- Provide a copy of Completed Cannabis License Application submitted to the State to include:
 - Social & Economic Equity Plan
 - Security Plan
 - Floor Plan
 - Copy of Approved State License
- Provide a copy of Food Permit (if required for location.)
- Applicant **MUST** contact the Rio Rancho Fire Marshal's Office to schedule an appointment for inspection prior to engaging in business at (505) 896-8293.
- Applicant **MUST** contact the Rio Rancho Building Inspection's Office to schedule an appointment for inspection prior to engaging in business at (505) 891-5006.
- NMRLD License screenshot verification page showing address of establishment. (From [NMRLD site](#))
- Return checklist with all paperwork.

Application fees will be due once application has been completed and processed.



Application for Business License

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Please fill out all the information on this form by typing, or using blue, or black ink. Return application to the City Clerk's Office in person, by email, fax or mail. Please contact us at (505) 891-5004 with any questions.

SECTION 1 - Type of License

Please indicate the type of license you are applying for: (fees are included on the Instruction sheet)

- | | |
|---|---|
| <input type="checkbox"/> Cannabis Establishment | <input type="checkbox"/> Loan Agents and Agency |
| <input type="checkbox"/> Pawnbroker and Pawn Shop | <input type="checkbox"/> Traveling Shows |
| <input type="checkbox"/> Amusement Ticket Broker | <input type="checkbox"/> Circuses |
| <input type="checkbox"/> Dealers in Second Hand Goods | <input type="checkbox"/> Carnivals |
| <input type="checkbox"/> Wrestling or Sparring Exhibitions and Contests | <input type="checkbox"/> Auctioneers |

If your business requires a State License, you **MUST** submit a copy with your application.

_____ Copy Provided

License # _____ Expiration Date _____

State Cannabis License Type: Retailer Manufacturer Producer

Copy of Liability Insurance Copy Provided N/A

Non-Profits must provide copy of 501(c) paperwork at time of application. Copy Provided N/A

SECTION 2 - Business Information

Type of Business: Commercial Home Occupation Non-Profit Out of City

Business Name: _____

DBA (if applicable): _____

Physical Address of Business: _____
City/State _____ Zip _____

Commercial Locations ONLY, Provide square footage of location: _____

Mailing Address: _____
City/State _____ Zip _____

Business Hours: _____
Include the days of the week and hours for each day

Phone #: _____ **REQUIRED** Email: _____ **REQUIRED**

SECTION 3 - Tax Information

NM BTIN # (Tax ID): - -

Note: Social Security #'s or EIN #'s NOT allowed. MUST obtain a BTIN # from the NM Taxation & Revenue Department.

Type of Ownership: _____
Corporation/LLC/Partnership/Sole Proprietor/Non-Profit/Etc.

Brief description of nature of business: _____

NAICS Code: _____

Search NAICS Codes at: <https://www.naics.com/search/>, or use list on Page 3

SECTION 4 - Owner/Co-Owner/CEO/President/Office Manager etc.

Owner/#1: _____
First & Last Name Title/Position Held

Home Address: _____
City/State Zip

#2: _____
First & Last Name Title/Position Held

Home Address: _____
City/State Zip

#3: _____
First & Last Name Title/Position Held

Home Address: _____
City/State Zip

For additional Corporate personnel please attach names, title/position held, and home addresses on a separate paper.

SECTION 5 - Signature of Applicant

By signing this form, I attest that the information I have provided herein is true and accurate to the best of my knowledge. I certify that I am authorized to sign the same as an agent on behalf of the above stated business. I agree to pay all associated fees including: the annual business license fee, fire inspection fees, and other permit fees as required by the City of Rio Rancho. I understand that I must file any changes to my business status, operations, and/or contact information with the City Clerk's office in a timely manner.

Printed Name: _____ Date: _____

Signature: _____
Owner, Partner, or Corporate Officer Title/Position Held

SECTION 6 - OFFICE USE ONLY

Zoning: Approved Not Approved

Zoning Specialist Signature _____ Date _____ Current Zoning _____

Commercial Tracking # Issued: _____
Tracking # used for scheduling building inspection.

Fire Inspection: Approved Not Approved Non-Hazardous
 Hazardous

Rio Rancho Fire Marshal Signature _____ Date of Approval/Inspection _____

Building Inspection: Approved Not Approved

Building Inspector Signature _____ Date of Approval/Inspection _____